12/06/2006 14:15

Image# 26940633240

## FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines Kentucky Medical Associaton PAC (Kentucky Educational Medical PAC - KEMPAC) Suite 2000 ADDRESS (number and street) 4965 US Highway 42 Check if different than previously Louisville ΚY 40222 reported. (ACC) FEC IDENTIFICATION NUMBER STATE. ZIPCODE 🛋 CITY A IS THIS **AMENDED** NEW C00016444 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Х Runoff (30R) Special (30S) Post -Election General (30G) Report for the: Termination Report (TER) in the 07 2006 ΚY 11 Election on State of 10 0 1 2006 27 2006 11 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. MD Susan G. Bornstein Type or Print Name of Treasurer Electronically Filed by MD Susan G. Bornstein 12 06 2006 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 02/2003) Only

## SUMMARY PAGE OF RECEIPTS AND DISRUIRSEMENTS

Page 2

FEC Form 3X (Rev. 02/2003) OF RECEIPTS AND DISBURSEMENTS

F	Repor	rt Covering the Period: From:	0.1 2006	To: 11 27 2 0 0 6
			COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a)	Cash on Hand January 1  Y2006		110462.09
	(b)	Cash on Hand at Begining of Reporting Period	67445.25	
	(c)	Total Receipts (from Line 19)	27504.11	99182.61
	(d)	Subtotal (add lines 6(b) and		
		6(c) for Column A and Lines 6(a) and 6(c) for Column B)	94949.36	209644.70
7.	Tot	al Disbursements (from Line 31)	57627.84	172323.18
3.	Rep	sh on Hand at Close of corting Period btract Line 7 from Line 6(d))	37321.52	37321.52
9.	the	ots and Obligations owed TO committee (Itemize all on nedule C and/or Schedule D)	0.00	
10.	the	ots and Obligations owed BY committee (Itemize all on nedule C and/or Schedule D)	0.00	

### For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

### DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name

(subtract Line 18(c) from Line 19) .....

Kentucky Medical Associaton PAC (Kentucky Educational Medical PAC - KEMPAC)

M N 0<sup>D</sup>1 м м 1 1 2<sup>D</sup>7 2006 2006 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 14350.00 31250.00 (i) Itemized (use Schedule A) .......... 13036.00 66466.00 (ii) Unitemized ..... (iii) TOTAL (add 27386.00 97716.00 Lines 11(a)(i) and (ii) ...... 0.00 0.00 (b) Political Party Committees ..... Other Political Committees 0.00 0.00 (such as PACs) ..... Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 27386.00 97716.00 Totals to Line 33, page 5) ...... 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees ..... 0.00 0.00 13. All Loans Received ..... 0.00 0.00 14. Loan Repayments Received ..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) ..... 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees ..... 17. Other Federal Receipts 118.11 1466.61 (Dividends, Interest, etc.) ..... 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) ..... 0.00 0.00 (b) Levin Funds (from Schedule H5) ...... 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 27504.11 99182.61 12, 13, 14, 15, 16, 17, and 18(c)) ..... 20. Total Federal Receipts

27504.11

99182.61

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 4

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating  Expenditures	4008.34	35013.68
	(c) Total Operating Expenditures		
_	(add 21(a)(i), (a)(ii) and (b))	4008.34	35013.68
2.	Transfers to Affiliated/Other Party Committees	4650.00	23340.00
3.	Contributions to		
	Federal Candidates/Committeesand Other Political Committees	0.00	0.00
4.	Independent Expenditure	0.00	0.00
5.	(use Schedule E)	0.00	0.00
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
3.	Loan Repayments Made	0.00	0.00
	Loans Made	0.00	0.00
3.	Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	9009.50	10009.50
		2050.00	3050.00
	<ul><li>(b) Political Party Committees</li><li>(c) Other Political Committees</li></ul>	3050.00	3030.00
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds	10050 50	10050 50
	(add Lines 28(a), (b), and (c))	12059.50	13059.50
9.	Other Disbursements	36910.00	100910.00
0.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share		
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	57627.84	172323.18
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) from Line 30(a)(ii)	F7007.04	470000 4
	from Line 31)	57627.84	172323.18

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	27386.00	97716.00
34.	Total Contribution Refunds (from Line 28(d))	12059.50	13059.50
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	15326.50	84656.50
86.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	4008.34	35013.68
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
88.	Net Operating Expenditures (subtract Line 37 from Line 36)	4008.34	35013.68

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6/33 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Ang or f	y information copied from such Reports and Sta or commercial purposes, other than using the n	tements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Kentucky Medical Associaton PAC (Ken	tucky Educ	cational Medical PAC - KEM	PAC)
Α.	Full Name (Last, First, Middle Initial) Keith J. Alexander, MD  Mailing Address 3633 Winding Wood Ln  City Lexington  FEC ID number of contributing federal political committee.  Name of Employer Kentucky Ear, Nose & Throat  Receipt For: Primary General Other (specify)	State KY  C  Occupation Physician Aggregate		Date of Receipt  M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Full Name (Last, First, Middle Initial) William R. Allen, MD  Mailing Address 204 Betsy Ln  City Richmond  FEC ID number of contributing federal political committee.  Name of Employer Commonwealth Urology PSC  Receipt For:  Primary General Other (specify)	State KY C Occupation Physician Aggregate		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C.	Full Name (Last, First, Middle Initial) Kimberly Ann Alumbaugh, MD  Mailing Address 4108 Woodstone Way  City Louisville  FEC ID number of contributing federal political committee.  Name of Employer Total Woman Obstetrics & Gynecology  Receipt For:  Primary General Other (specify)	<del> </del>	Zip Code 40241-5867 In Bloyed physician Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y  1 0 1 7 2 0 0 6  Transaction ID: R7675  Amount of Each Receipt this Period  500.00  Check
SI	JBTOTAL of Receipts This Page (optional)		······	800.00
TC	OTAL This Period (last page this line number or	าly)		

S	CHEDULE A (FEC Form 3X)		Llea coparata cabadula(c)	FOR LINE NUMBER: PAGE 7/33
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
• • • • • • • • • • • • • • • • • • • •	EWIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and ado	not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	Kentucky Medical Associaton PAC (Ken	tucky Educ	cational Medical PAC - KEM	PAC)
A.	Full Name (Last, First, Middle Initial) Lee A. Balaklaw, MD			Date of Receipt
	Mailing Address 1057 Meadowbrook Ln			10 17 2006
	City	State	Zip Code	Transaction ID: R7676
	Louisa	KY	41230-9658	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer Anesthesia Associates of Louisa PSC	Occupation Physician		Check
	Receipt For:	<u> </u>	Year-to-Date ▼	
	Primary General		000.00	1
	Other (specify) ▼	0 0	300.00	
В.	Full Name (Last, First, Middle Initial) Wesley Braden, III MD			Date of Receipt
	Mailing Address 890 Squire Oaks Dr			1 1 2 1 2 0 0 6
	City	State	Zip Code	Transaction ID: R7794
	Villa Hills	KY	41017-1341	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00 Check
	Name of Employer Radiology Associates of Northern KY	Occupation		Toneck
	Northern KY	Physiciar		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		300.00	
	Other (specify)	0 0		1
C.	Full Name (Last, First, Middle Initial) Stephen Burkhart, MD			Date of Receipt
	Mailing Address 97 SR 1668			10 17 2006
	City	State	Zip Code	Transaction ID: R7679
	<u>Marion</u>	KY	42064-6226	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer Burkhart Rural Health Cli-	Occupation		Check
	nic Receipt For:	Physician	n e Year-to-Date ▼	$\dashv$
	Primary General	Aggregate	rear-lo-Dale V	1
	Other (specify)		300.00	
	IJPTOTAL of Descripto This Descriptoral			450.00
L	UBTOTAL of Receipts This Page (optional)			
_	OTAL This Period (last page this line number or	nlv)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 8 / 33
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one)    X   11a
Ar	ny information copied from such Reports and S for commercial purposes, other than using the	tatements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions oscillations solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	Kentucky Medical Associaton PAC (Ke	entucky Edu	cational Medical PAC - KEM	PAC)
Α.	Full Name (Last, First, Middle Initial) Jyotin V. Chandarana, MD			Date of Receipt
	Mailing Address 215 W Argyll Cir	Chaha	7in Oada	11 03 2006
	City Hazard	State KY	Zip Code 41701-8933	Transaction ID: R7766
	FEC ID number of contributing federal political committee.	C	41701-0933	Amount of Each Receipt this Period  150.00
	Name of Employer Jyotin V. Chandarana, MD	Occupation Self-emp	n loyed physician	Check
	Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 300.00	
В.	Full Name (Last, First, Middle Initial) Larry N. Cook, MD			Date of Receipt
	Mailing Address 2011 Woodford PI	Ctata	7:n Code	1 1 0 3 2 0 0 6
	City Louisville	State KY	Zip Code 40205-1929	Transaction ID: R7767
	FEC ID number of contributing federal political committee.	C	40203-1323	Amount of Each Receipt this Period
	Name of Employer Neonatal Associates PSC	Occupation Physician		— Check
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
<u>с</u> .	Full Name (Last, First, Middle Initial) Mark Lee Crawford, MD			Date of Receipt
	Mailing Address 105 Jalusian Trail			111 03 7 2006
	City	State	Zip Code	Transaction ID: R7768
	Paducah	KY	42001-8805	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00 Check
	Name of Employer		loyed physician	OHEGIN
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	]
s	UBTOTAL of Receipts This Page (optional)			400.00
$\vdash$				

TOTAL This Period (last page this line number only) .....

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 9/33 (check only one)
	EMIZED RECEIPTS		Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Kentucky Medical Associaton PAC (Kent	tucky Educ	cational Medical PAC - KEM	PAC)
۹.	Full Name (Last, First, Middle Initial) Gerald G. Edds, MD Mailing Address 1847 Griffith Ave			Date of Receipt
	City	State	Zip Code	1 0 1 7 2 0 0 6  Transaction ID: R7684
	Owensboro	KY	42301-3510	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer	Occupation Physician		Check
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
3.	Full Name (Last, First, Middle Initial) Richard A. Eiferman, MD			Date of Receipt
	Mailing Address 4 River Hill Rd			11 03 7 9 9 9
	City Louisville	State KY	Zip Code 40207-1190	Transaction ID: R7769
	FEC ID number of contributing federal political committee.	C	40207-1190	Amount of Each Receipt this Period
	Name of Employer	Occupation Self-emp	n loyed physician	Check
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
). D.	Full Name (Last, First, Middle Initial) Walter R. Eiseman, MD			Date of Receipt
	Mailing Address 39 Marian Dr			11 21 7 2006
	City Lakeside	State KY	Zip Code 41017-2119	Transaction ID: R7798  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	71017 2113	300.00
	Name of Employer Radiology Associates of Northern KY Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼		loyed physician Pyear-to-Date ▼  450.00	Check
SI	UBTOTAL of Receipts This Page (optional)			600.00
T	OTAL This Period (last page this line number on	ly)	<b>)</b>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 33 (check only one)  X 11a 11b 11c 12
An	y information copied from such Reports and Sta or commercial purposes, other than using the n	tements may	not be sold or used by any perso	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Kentucky Medical Associaton PAC (Ken			
Α.	Full Name (Last, First, Middle Initial) James M. Fetter, III MD  Mailing Address 516 Sampson Dr  City Frankfort  FEC ID number of contributing federal political committee.  Name of Employer VA Medical Center  Receipt For: Primary General Other (specify)	State KY  C  Occupation Physician Aggregate		Date of Receipt  M M J J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Full Name (Last, First, Middle Initial) Herbert B. Francis, MD Mailing Address 1201 Edgecliff PI Apt 11  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Radiology Associates of Northern KY  Receipt For:  Primary General Other (specify)	State OH  C  Occupation Physician		Date of Receipt  M M M / 21 / 2006  Transaction ID: R7795  Amount of Each Receipt this Period  150.00  Check
C.	Full Name (Last, First, Middle Initial) Donal D. Gaynor, MD  Mailing Address 136 Seville Ct  City  Ft Mitchell  FEC ID number of contributing federal political committee.  Name of Employer Radiology Associates of Northern KY  Receipt For:  Primary General  Other (specify)	<u>-</u>	Zip Code 41017-2763 n loyed physician y Year-to-Date ▼	Date of Receipt  M M M / 21 / 2006  Transaction ID: R7799  Amount of Each Receipt this Period  1000.00  Check
SI	JBTOTAL of Receipts This Page (optional)			2150.00
TC	OTAL This Period (last page this line number or	nly)	<b>)</b>	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 11/33
ΙT	EMIZED RECEIPTS		or each category of the	(check only one)  X 11a 11b 11c 12
			Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
An	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
$\backslash$	NAME OF COMMITTEE (In Full)	tualor Edua	national Madical DAC IZEM	DAC)
/	Kentucky Medical Associaton PAC (Ken	тиску Еаис	cational Medical PAC - KEM	PAC)
Δ	Full Name (Last, First, Middle Initial) Charles S. Giles, MD			Date of Receipt
٠.	Mailing Address P O Box 1509			M M / D D / Y Y Y Y
				10 25 2006
	City	State	Zip Code	Transaction ID: R7759
	Columbia	KY	42728	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer	Occupation	1	Check
		Self-emp	loyed physician	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		300.00	
	Other (specify)			1
₹	Full Name (Last, First, Middle Initial) M. Douglas Gossman, MD			Date of Receipt
٠.	Mailing Address 1208 Bluegrass Pkwy			M M / D D / Y Y Y Y
				10 25 2006
	City	State	Zip Code	Transaction ID: R7760
	<u>LaGrange</u>	KY	40031-8014	Amount of Each Receipt this Period
	FEC ID number of contributing	С		150.00
	federal political committee.			Charle
	Name of Employer	Occupation		Check
	5		loyed physician	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	,
	Other (specify)		300.00	
Э.	Full Name (Last, First, Middle Initial) Paul R. Guenthner, MD			Date of Receipt
	Mailing Address 812 Windgate Ct			M M / D D / Y Y Y Y
	01.	01-1-	7'- 0-4-	11 03 2006
	City Villa Hills	State KY	Zip Code 41017-1311	Transaction ID: R7781
			41017-1311	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer_	Occupation	า	Check
	Patient First Phys East-S- outhgate	Physician		
	Receipt For:		Year-to-Date ▼	
	Primary General		300.00	1
	Other (specify) ▼		300.00	
				450.00
S	UBTOTAL of Receipts This Page (optional)			450.00
т	OTAL This Period (last page this line number or	nlv)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 12/33
	EMIZED RECEIPTS		or each category of the	(check only one)
11	EIVIIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	ny information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$\rangle$	Kentucky Medical Associaton PAC (Ken	tucky Educ	cational Medical PAC - KEM	PAC)
Α.	Full Name (Last, First, Middle Initial) Heather Lynn Harmon, MD			Date of Receipt
	Mailing Address 4824 Cedar Forest PI			11 21 2006
	City	State	Zip Code	Transaction ID: R7804
	Louisville	KY	40245-1991	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer KY Eye Care	Occupation Physician		Check
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General			1
	Other (specify)		300.00	
В.	Full Name (Last, First, Middle Initial) William C. Harrison, MD			Date of Receipt
	Mailing Address 4045 Foxtail PI			1 1 0 3 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R7773
	Owensboro	KY	42303-2277	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Radiology PSC	Occupation		Check
	Receipt For:		loyed physician e Year-to-Date ▼	_
	Primary General	Aggregate	e Year-lo-Dale ▼	
	Other (specify)		500.00	
_	Full Name (Last, First, Middle Initial)			
C.	Bryan T. Iglehart, Jr. MD			Date of Receipt
	Mailing Address 11701 Paramount Way			111 21 2006
	City	State	Zip Code	Transaction ID: R7813
	Prospect	KY	40059-9060	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		150.00
	Name of Employer	Occupation	n	Check
	Sasser David Iglehart Sas- ser Dixon Rei	Physiciar	า	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		200.00	1 <b>I</b>
	Other (specify)	0 0	300.00	
s	UBTOTAL of Receipts This Page (optional)			800.00

TOTAL This Period (last page this line number only) .....

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 13 / 33	
	EMIZED RECEIPTS		or each category of the	(check only one)	
••	LIMIZED NEOLII 13		Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   1	. –
Δ	ny information copied from such Reports and State	monte may	rnot he cold or used by any norse		17
or	for commercial purposes, other than using the nan	ne and add	dress of any political committee to	solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)				
$ \rangle$	Kentucky Medical Associaton PAC (Kentu	cky Educ	cational Medical PAC - KEM	PAC)	
	Full Name (Last, First, Middle Initial)				_
A.	Stephen Jackson, MD			Date of Receipt	
	Mailing Address 1900 N Friendship Rd			11 03 2006	
	City	State	Zip Code	Transaction ID: R7774	
	Paducah	KY	42001-8690	Amount of Each Receipt this Period	
	FEC ID number of contributing				1
	federal political committee.	C		150.00	
	Durchaco Orthópaodio Accoo	Occupation Physiciar		- Check	
			Year-to-Date ▼		
	Primary General	1 1	200.00	1	
	Other (specify) ▼		300.00		
_					
В.	Full Name (Last, First, Middle Initial) George A. Kargas, MD			Date of Receipt	
	Mailing Address 324 George St			M M / D D / Y Y Y Y	
				10 25 2006	
	City	State	Zip Code	Transaction ID: R7736	
	Somerset	KY	42503-6219	Amount of Each Receipt this Period	_
	FEC ID number of contributing federal political committee.	C		150.00	ı
	- Toderal political committee.			Check	1
	Cumborland Anocthocia Acc	Occupation		Glieck	
	ociates	Physician		_	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼		
	Other (specify)		300.00		
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_	Full Name (Last, First, Middle Initial)			2. (2. )	
C.	Robin Leigh Kloth, MD			Date of Receipt	
	Mailing Address 1209 Litchfield Ln			11 21 2006	
	City	State	Zip Code	Transaction ID: R7815	
	Lexington	KY	40513-1807	Amount of Each Receipt this Period	
	FEC ID number of contributing			150.00	1
	federal political committee.	C		130.00	
	Name of Employer Anesthesia Associates PSC	Occupation	1	Check	
	Anesthesia Associates PSC	- Physiciar			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General	-	300.00		
	Other (specify)	1 1	300.00		
					7
s	UBTOTAL of Receipts This Page (optional)			450.00	
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т	OTAL This Period (last page this line number only	)	<b>)</b>		_

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 14/33
	EMIZED RECEIPTS		or each category of the	(check only one)
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or	y information copied from such Reports and St for commercial purposes, other than using the	name and add	dress of any political committee to	or for the purpose of soliciting contributions of solicit contributions from such committee.
abla	NAME OF COMMITTEE (In Full)			
$\rangle$	Kentucky Medical Associaton PAC (Ke	ntucky Educ	cational Medical PAC - KEN	MPAC)
Α.	Full Name (Last, First, Middle Initial) Hameed I. Koury, MD			Date of Receipt
	Mailing Address 512 Farmington Ct			10 25 2006
	City	State	Zip Code	Transaction ID: R7737
	Richmond	KY	40475-2272	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer Central KY Surgery PSC	Occupation Physician		Check
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		300.00	7
	Other (specify)	0 0	300.00	_
В.	Full Name (Last, First, Middle Initial) Timothy C. Kriss, MD			Date of Receipt
	Mailing Address 6690 Delaney Ferry Ex	t		10 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R7691
	Versailles	KY	40383-9015	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	federal political committee.  Name of Employer Neurosurgery & Spine Spec-	Occupation Physician		500.00 Check
	federal political committee.	Occupation Physician		
	Name of Employer Neurosurgery & Spine Specialist PSC	Occupation Physician	1	
	Name of Employer Neurosurgery & Spine Specialist PSC Receipt For: Primary General	Occupation Physician	n Year-to-Date ▼	
	federal political committee.  Name of Employer Neurosurgery & Spine Specialist PSC Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼  Full Name (Last, First, Middle Initial)	Occupation Physician	n Year-to-Date ▼	Check
C.	federal political committee.  Name of Employer Neurosurgery & Spine Specialist PSC Receipt For: Primary General Other (specify)   Full Name (Last, First, Middle Initial) Brian C. Lawler, MD	Occupation Physician	n Year-to-Date ▼	Date of Receipt
c.	federal political committee.  Name of Employer Neurosurgery & Spine Specialist PSC Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Brian C. Lawler, MD  Mailing Address 755 Cedar Point Dr	Occupation Physician Aggregate	n e Year-to-Date ▼ 1000.00	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C.	federal political committee.  Name of Employer Neurosurgery & Spine Specialist PSC Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Brian C. Lawler, MD  Mailing Address 755 Cedar Point Dr  City	Occupation Physician Aggregate	Year-to-Date ▼  1000.00  Zip Code	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
c.	federal political committee.  Name of Employer Neurosurgery & Spine Specialist PSC Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼  Full Name (Last, First, Middle Initial) Brian C. Lawler, MD  Mailing Address 755 Cedar Point Dr  City Cincinnati  FEC ID number of contributing	Occupation Physician Aggregate  State OH	Zip Code 45230-3755	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C.	federal political committee.  Name of Employer Neurosurgery & Spine Specialist PSC Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Brian C. Lawler, MD  Mailing Address 755 Cedar Point Dr  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Radiology Associates of Northern KY Receipt For:	Occupation Physician Aggregate  State OH  C  Occupation Physician	Zip Code 45230-3755	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<b>C</b> .	federal political committee.  Name of Employer Neurosurgery & Spine Specialist PSC Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Brian C. Lawler, MD  Mailing Address 755 Cedar Point Dr  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Radiology Associates of Northern KY	Occupation Physician Aggregate  State OH  C  Occupation Physician	Zip Code 45230-3755	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
c.	federal political committee.  Name of Employer Neurosurgery & Spine Specialist PSC Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Brian C. Lawler, MD  Mailing Address 755 Cedar Point Dr  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Radiology Associates of Northern KY Receipt For: Primary General	Occupation Physician Aggregate  State OH  C  Occupation Physician	Zip Code 45230-3755	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	federal political committee.  Name of Employer Neurosurgery & Spine Specialist PSC Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Brian C. Lawler, MD  Mailing Address 755 Cedar Point Dr  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Radiology Associates of Northern KY Receipt For: Primary General	State OH  C  Occupation Physician Aggregate  State OH  C  Aggregate  Aggregate	Zip Code 45230-3755  1000.00  300.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 33 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
Ar or	ly information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) Kentucky Medical Associaton PAC (Ken	tucky Educ	cational Medical PAC - KEM	PAC)
<b>A.</b> 3.	Full Name (Last, First, Middle Initial) Mary T. Legenza, MD  Mailing Address 502 Amanda Furnace C  City Ashland  FEC ID number of contributing federal political committee.  Name of Employer Northeastern KY Surgeons PSC  Receipt For: Primary General Other (specify)  City Louisville  FEC ID number of contributing federal political committee.  Name of Employer	State KY  C  Occupation Physician Aggregate  State KY  C  Occupation Physician	Zip Code 41101-2102  n n 2 Year-to-Date ▼ 300.00  Zip Code 40205-1516	Date of Receipt  Transaction ID: R7692  Amount of Each Receipt this Period  150.00  Check  Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Receipt For:  Primary General  Other (specify) ▼	· · · · · · · · · · · · · · · · · · ·	e Year-to-Date ▼ 300.00	
<b>D.</b>	Full Name (Last, First, Middle Initial) Thomas R. Love, MD Mailing Address 99 Stoney Brooke Dr  City Ashland  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General Other (specify)	<u> </u>	Zip Code 41101-2107 n oloyed physician e Year-to-Date ▼	Date of Receipt    M M
s	UBTOTAL of Receipts This Page (optional)		<b>_</b>	450.00
т	OTAL This Period (last page this line number or	nlv)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 33 (check only one)  X 11a 11b 11c 12
An	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	n for the purpose of soliciting contributions
$\frac{or}{o}$	for commercial purposes, other than using the na NAME OF COMMITTEE (In Full) Kentucky Medical Associaton PAC (Ken		· ·	
Α.	Full Name (Last, First, Middle Initial)  Kevin D. Martin, MD  Mailing Address 5788 Brookstone Dr  City  Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer The Cranley Surgical Associates  Receipt For:  Primary General  Other (specify)		Zip Code 45230-3596 In loyed physician e Year-to-Date ▼	Date of Receipt  M M J 13 2006  Transaction ID: R7668  Amount of Each Receipt this Period  500.00  Credit Card
3.	Full Name (Last, First, Middle Initial) James W. Matthews, MD  Mailing Address 53 Avenue of Champion  City Nicholasville  FEC ID number of contributing federal political committee.  Name of Employer James W. Matthews, MD  Receipt For:  Primary General Other (specify)	State KY  C Occupation Self-emp	Zip Code 40356-9720 n loyed physician e Year-to-Date ▼	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C.	Full Name (Last, First, Middle Initial) William B. Monnig, MD  Mailing Address 111 Crystal Ln  City Covington  FEC ID number of contributing federal political committee.  Name of Employer Monnig, Elicker, Creevy, Schwartz  Receipt For: Primary General Other (specify)		Zip Code 41015-9537 n loyed physician e Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
S	UBTOTAL of Receipts This Page (optional)		<b>_</b>	800.00
T	OTAL This Period (last page this line number or	nly)	<b>)</b>	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 17/33
	EMIZED RECEIPTS		or each category of the	(check only one)
••			Detailed Summary Page	X   11a   11b   11c   12   15   16   17
Δη	y information copied from such Reports and Sta	tomente may	y not be sold or used by any ners	
or	for commercial purposes, other than using the n	ame and add	lress of any political committee to	o solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	Kentucky Medical Associaton PAC (Ken	tucky Educ	cational Medical PAC - KEN	MPAC)
Α.	Full Name (Last, First, Middle Initial) Richard E. Nallinger, MD			Date of Receipt
	Mailing Address 518 Woodland Pl			10 25 2006
	City	State	Zip Code	Transaction ID: R7742
	Danville	KY	40422-1772	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer Commonwealth Urology PSC	Occupation Physician		Check
	Receipt For:		Year-to-Date ▼	
	Primary General	riggregate		7
	Other (specify) ▼	0 0	300.00	
В.	Full Name (Last, First, Middle Initial) Eric W. Neils, MD			Date of Receipt
	Mailing Address 904 Squire Oaks Dr			1 1 0 3 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R7782
	Villa Hills	KY	41017-1371	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		350.00 Check
	Name of Employer Radiology Associates of Northern KY	Occupation Physician		Crieck
	Northern KY Receipt For:		Year-to-Date ▼	
	Primary General	39 13		7
	Other (specify)		650.00	
C.	Full Name (Last, First, Middle Initial) Preston Nunnelley, Jr. MD			Date of Receipt
	Mailing Address 3000 Brookmonte Ln			10 25 2006
	City	State	Zip Code	Transaction ID: R7761
	Lexington	KY	40515-8508	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Central Baptist Hospital	Occupation Physician		Check
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
S	UBTOTAL of Receipts This Page (optional)			1000.00
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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 18 / 33
	EMIZED RECEIPTS		or each category of the	(check only one)
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Δr	y information copied from such Reports and St	atemente may	y not be sold or used by any pers	
or	for commercial purposes, other than using the	name and add	dress of any political committee to	o solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
$\rangle$	Kentucky Medical Associaton PAC (Ke	ntucky Educ	cational Medical PAC - KEM	IPAC)
A.				Date of Receipt
	Mailing Address 119 Sycamore Rd			10 17 2006
	City	State	Zip Code	Transaction ID: R7701
	Lexington	KY	40502-1841	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		150.00
	Name of Employer	Occupation Physician		— Check
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		300.00	1
	Other (specify) ▼	0 0	300.00	
В.	Full Name (Last, First, Middle Initial) Brahmaji S. Puram, MD			Date of Receipt
	Mailing Address 443 Cedar Creek Rd			10 17 2006
	City	State	Zip Code	Transaction ID: R7703
	Pikeville	KY	41501-3764	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer Appalachian Cardiology Cl- inic PSC	Occupation Physician		— Check
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
— С.	Full Name (Last, First, Middle Initial)			Date of Desciret
C.	Vijayalakshmi Puram, MD  Mailing Address 443 Cedar Creek Rd			Date of Receipt
				10 17 2006
	City	State	Zip Code	Transaction ID: R7704
	<u>Pikeville</u>	KY	41501-3764	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer	Occupation Self-emp	n loyed physician	— Check
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
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s	UBTOTAL of Receipts This Page (optional)		<b>)</b>	350.00
T	OTAL This Period (last page this line number of	only)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 19/33
	EMIZED RECEIPTS		or each category of the	(check only one)
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Δ,	ny information copied from such Reports and Stat	tomonte may	y not be cold or used by any pers	13 14 15 16 17
or	for commercial purposes, other than using the na	ame and add	dress of any political committee to	o solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	Kentucky Medical Associaton PAC (Kentucky Medical Associaton PAC)	tucky Educ	cational Medical PAC - KEM	IPAC)
Α.	Full Name (Last, First, Middle Initial) Norman D. Radtke, MD			Date of Receipt
	Mailing Address 12 Overbrook Rd		= 0	10 17 2006
	City	State	Zip Code	Transaction ID: R7706
	Louisville	KY	40207-1334	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer	Occupation Self-emp	n loyed physician	— Check
	Receipt For:	<u> </u>	Year-to-Date ▼	
	Primary General	-	500.00	1
	Other (specify) ▼	0 0	500.00	
В.	Full Name (Last, First, Middle Initial) Mary C. Russell, MD			Date of Receipt
	Mailing Address 123 Brittany Ct			11 21 2006
	City	State	Zip Code	Transaction ID: R7827
	Lakeside Park	KY	41017-2101	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		150.00
	Name of Employer Radiology Associates of Northern KY	Occupation		Check
	Northern KY	Physiciar		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼		300.00	
<u> </u>	Full Name (Last, First, Middle Initial) Jeffrey L. Schmitter, MD			Date of Receipt
J.	Mailing Address 2011 Edenberry Dr			M M / D D / Y Y Y Y
				11 21 2006
	City	State	Zip Code	Transaction ID: R7808
	Ft Mitchell	KY	41017-4464	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		300.00
	Name of Employer Radiology Associates of	Occupation	1	Check
	Northern KY	Self-emp	loyed physician	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	1 1	450.00	7
	Other (specify)		+50.00	1
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	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 20 / 33 (check only one)		
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17		
An or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.		
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Kentucky Medical Associaton PAC (Ker	ntucky Educ	cational Medical PAC - KEM	PAC)		
۹.	Full Name (Last, First, Middle Initial) Donald J. Swikert, MD			Date of Receipt		
	Mailing Address 10003 Country Hill Ct			10 17 2006		
	City Union	State <b>KY</b>	Zip Code 41091-9774	Transaction ID: R7710  Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		1000.00		
	Name of Employer	Occupation Physician		Check		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00			
3.	Full Name (Last, First, Middle Initial) Lloyd R. Taustine, MD			Date of Receipt		
	Mailing Address 5800 Glen Park Rd			11 21 7 9 9 9		
	City	State KY	Zip Code	Transaction ID: R7816		
	Louisville  FEC ID number of contributing federal political committee.	C	40222-5979	Amount of Each Receipt this Period		
	Name of Employer	Occupation Self-emp	n loyed physician	Check		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00			
<b>)</b> .	Full Name (Last, First, Middle Initial) Natarajan Thannoli, MD			Date of Receipt		
	Mailing Address P O Box 3556			10 17 2006		
	City West Somerset	State KY	Zip Code 42564-3556	Transaction ID: R7713  Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		150.00		
	Name of Employer		loyed physician	Check		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 300.00			
S	SUBTOTAL of Receipts This Page (optional)					
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## SCHEDULE A (FEC Form 3X)

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 21 / 33
	EMIZED RECEIPTS		or each category of the	(check only one)
••	LIMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
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Ar or	ny information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
$\rangle$	Kentucky Medical Associaton PAC (Kent	ucky Educ	cational Medical PAC - KEM	PAC)
۹.	Full Name (Last, First, Middle Initial) William C. Thorndyke, MD			Date of Receipt
	Mailing Address PO Box 569			10 17 2006
	City	State	Zip Code	Transaction ID: R7714
	Louisa	KY	41230-0569	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer	Occupation Physician		Check
	Receipt For:	•	Year-to-Date ▼	-
	Primary General	riggrogate	Tour to Bate V	1
	Other (specify) ▼		300.00	
3.	Full Name (Last, First, Middle Initial) Daniel W. Varga, MD			Date of Receipt
	Mailing Address 4108 Woodstone Way			10 17 2006
	City	State	Zip Code	Transaction ID: R7711
	Louisville	KY	40241-5867	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer	Occupation Self-emp	n loyed physician	Check
	Receipt For:		e Year-to-Date ▼	
	Primary General		E00.00	
	Other (specify) ▼		500.00	
Э.	Full Name (Last, First, Middle Initial) Corazon A. Veza, MD			Date of Receipt
	Mailing Address 791 Bates Rd			10 24 2006
	City	State	Zip Code	Transaction ID: R7723
	Elizabethtown	KY	42701-6501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		150.00
	Name of Employer	Occupation Self-emp	n loyed physician	Credit Card
	Receipt For:		e Year-to-Date ▼	7
	Primary General		000.00	
	Other (specify)		300.00	
s	UBTOTAL of Receipts This Page (optional)			800.00
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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 33 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and State for commercial purposes, other than using the nar	ments may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) Kentucky Medical Associaton PAC (Kentu	ucky Educ	cational Medical PAC - KEM	PAC)
<u>/</u> А.	' '		Zip Code 42420-9152  In loyed physician e Year-to-Date ▼ 1000.00	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Dethology Adoption of	State KY  C  Occupation Physician Aggregate		Transaction ID: R7805  Amount of Each Receipt this Period  150.00  Check
<b>)</b>	Padiology Accordator of	State KY C Occupation Physician Aggregate		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)			1200.00
т	OTAL This Period (last page this line number only	<i>(</i> )		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 23 / 33
	EMIZED RECEIPTS		or each category of the	(check only one)
••			Detailed Summary Page	X   11a   11b   11c   12   15   16   17
Δη	w information conied from such Reports and St	atemente may	y not be cold or used by any perso	
or	y information copied from such Reports and St for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	Kentucky Medical Associaton PAC (Ke	ntucky Educ	cational Medical PAC - KEMI	PAC)
A.	Full Name (Last, First, Middle Initial) Sean D. Wells, MD			Date of Receipt
	Mailing Address 1723 Grandview Drive			111 21 2006
	City	State	Zip Code	Transaction ID: R7797
	Hebron	KY	41048-7957	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer Radiology Associates of Northern KY	Occupation Physician		Check
	Receipt For:		Year-to-Date ▼	
	Primary General		E00.00	1
	Other (specify)	0 0	500.00	
В.	Full Name (Last, First, Middle Initial) Fred A. Williams, Jr. MD			Date of Receipt
	Mailing Address 430 Twinbrook Rd			11 21 7 2006
	City	State	Zip Code	Transaction ID: R7792
	Louisville	KY	40207-2151	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer Endocrine & Diabetes Asso-	Occupation	1	Credit Card
	ciates	Physician		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		300.00	
<u> </u>	Full Name (Last, First, Middle Initial) Steven M. Woodruff, MD			Date of Receipt
	Mailing Address 5925 Graves Lake Dr			10 24 2006
	City	State	Zip Code	Transaction ID: R7757
	Cincinnati	ОН	45243-3636	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer Head & Neck Surgery Assoc-	Occupation		Credit Card
	iates PSC Receipt For:	Physician	Year-to-Date ▼	_
	Primary General	Aggregate	Teal-to-Date ♥	1
	Other (specify) ▼		300.00	
s	UBTOTAL of Receipts This Page (optional)			450.00
$\vdash$	: _ :			
T	OTAL This Period (last page this line number of	only)	<b>&gt;</b>	

### **SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS**

FOR LINE NUMBER: PAGE 24/33 Use separate schedule(s) (check only one) or each category of the 11a 11b 11c Detailed Summary Page 13 14 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Associaton PAC (Kentucky Educational Medical PAC - KEMPAC) Full Name (Last, First, Middle Initial) A. R. Brent Wright, MD Date of Receipt Mailing Address 115 Rebecca Ln 10 25 2006 City State Zip Code Transaction ID: R7763 Glasgow KY 42141-1230 Amount of Each Receipt this Period FEC ID number of contributing C 150.00 federal political committee. Check Name of Employer UL/Glasgow Family Med Res-Occupation Physician idency Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	150.00
TOTAL This Period (last page this line number only)	•	14350.00

## S

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 33 (check only one)  11a 11b 11c 12 13 14 15 16 17 17
Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full)  Kentucky Medical Associaton PAC (Ke	entucky Educational Medical PAC - KEN	MPAC)
Full Name (Last, First, Middle Initial) Kentucky Telco Federal Credit Union Mailing Address 3740 Bardstown Road		Date of Receipt
City Louisville	State Zip Code KY 40218	Transaction ID: R7826
FEC ID number of contributing federal political committee.	C 40216	Amount of Each Receipt this Period  118.11
Name of Employer	Occupation	Cash
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1466.61	

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	118.11
TOTAL This Period (last page this line number only)	<b>•</b>	118.11

50	CHEDULE B (FECForm 3X)	Use sepe	rate schedule(s)		FOR LINE	-	:	PAC	GE 26/	33
IT	EMIZED DISBURSEMENTS		category of the Summary Page	-	(check only	7 22 <b>Г</b>	7 23	□ 24	25	□ 26
					27	28a	28b	28c	29	30b
	Information copied from such Reports and Statem or commercial purposes, other than using the name									IS
\	NAME OF COMMITTEE (In Full)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
	Kentucky Medical Associaton PAC (Kentuc	ky Educat	ional Medical	PAC	- KEMPA	C)				
	Full Name (Last, First, Middle Initial)					Transa	ction ID: [	) 1448		
۹.	MST Awards						Disbursen			
	Mailing Address 3805 Frankfort Avenue					10	/ D 1 7	7	ž 0 Ŏ (	<b>3</b>
	,	State KY	Zip Code 40207			Amoun	t of Each D	Disbursen	nent this	Period
	Purpose of Disbursement	101	40207						61.	37
	Retiring Board Member Recognition Awards Candidate Name									
	Candidate Name				tegory/ Type					
	Office Sought: House Disburse									
	Senate President	Primary Other (spe	General cify)							
	State: District:									
3.	Full Name (Last, First, Middle Initial) Kentucky Medical Association						ction ID:			
						M M	Disbursen		ž 0 0 6	Y
	Mailing Address Suite 2000 4965 US Highway 42					1 0				
		State KY	Zip Code 40222			Amoun	t of Each D	Disbursen	nent this I	Period
	Purpose of Disbursement 10/06 Admin Fee (Rent, phone, mail,					L.			1646.	00
	Candidate Name				tegory/ ype					
	Office Sought: House Disburser Senate		General			supplie	s)			
	President	Primary Other (spe								
	State: District:		· 							
٥.	Full Name (Last, First, Middle Initial) Kentucky Medical Association						ction ID: [ Disbursen			
	Mailing Address Suite 2000 4965 US Highway 42					1 0 M	/ D3 -	D / Y	ž 0 0 (	3 Y
	City	State	Zip Code			Amoun	t of Each D	Disbursen	nent this	Period
	Louisville Purpose of Disbursement	KY	40222						2081.	66
	Reimburse for PAC printing 634.47; PAC									
	Candidate Name				tegory/ Type					
	Office Sought: House Disbursel Senate	ment For: Primary	General			postage	e,303,62	PAC M	eeti-	
	President	Other (spe				ng sup	olies 1,14	13.57		
	State: District:									
SI	JBTOTAL of Disbursements This Page (optional)				▶				3789.	03
T	OTAL This Period (last page this line number only)				•					

S	CHEDULE B (FEC Form 3X)	llee sene	erate schedule(s)		_	E NUMBE	R:		Р	AGE	27 /	33	
IT	EMIZED DISBURSEMENTS	for each o	category of the Summary Page	(c		1ly one) 22 28a		23 28b	24 280		25 29		26 30b
	y Information copied from such Reports and State for commercial purposes, other than using the na											IS	
	NAME OF COMMITTEE (In Full) Kentucky Medical Associaton PAC (Kent	ucky Educat	tional Medical	PAC -	KEMF	AC)							
Α.	Full Name (Last, First, Middle Initial) Kentucky Medical Association  Mailing Address Suite 2000					Date		sburse			ž o ŏ e	3 <sup>Y</sup>	
	City Louisville Purpose of Disbursement	State KY	Zip Code 40222			Amou	ınt of	Each	Disburs	emer	nt this		od
	Reimburse KMA for annual mtg expense  Candidate Name			Cate Typ									
	Office Sought: House Disbur Senate President State: District:	Primary Other (spe	General cify) ▼										
В.	Full Name (Last, First, Middle Initial) Kentucky Telco Federal Credit Union							on ID:	D1467	γ ,	Y * Y *	Υ	
	Mailing Address 3740 Bardstown Road					1 0		3	0	2	žοŏι	6	
	City Louisville	State KY	Zip Code 40218			Amou	ınt of	Each	Disburs	emer			od
	Purpose of Disbursement Credit Card processing fee Candidate Name			Categ	non/		•				59.	90	
	·			Typ									
	Office Sought: House Disbur Senate President State: District:	sement For: Primary Other (spe	General cify) ▼										

SUBTOTAL of Disbursements This Page (optional)	•	219.31
TOTAL This Period (last page this line number only)	<b>•</b>	4008.34

_	OUEDIUED /EEOE- OVO			
	CHEDULE B (FEC Form 3X)	Use seperate schedule(s)	FOR LINE (check only	NUMBER: PAGE 28 / 33
IT	EMIZED DISBURSEMENTS		<u> </u>	X   22
		Detailed Summary Page	27	28a 28b 28c 29 30b
	y Information copied from such Reports and			
or f	for commercial purposes, other than using th	e name and address of any political of	committee to so	licit contributions from such committee
$\rangle$	NAME OF COMMITTEE (In Full) Kentucky Medical Associaton PAC (K	Kentucky Educational Medical P	PAC - KEMPA	4C)
	Full Name (Last, First, Middle Initial)			Transaction ID: D1449
٩.	American Medical Association PAC			Date of Disbursement
	Mailing Address 1101 Vermont Aver	nue NW		10
	City Washington	State Zip Code DC 20005		Amount of Each Disbursement this Period
	Purpose of Disbursement Transfer to Federal-Affiliated PAC			50.00
	Candidate Name		Category/ Type	
	Office Sought:  House Senate President State:  District:	sbursement For:  Primary General  Other (specify)		
	Full Name (Last, First, Middle Initial)			Transaction ID: D1450
3.	American Medical Association PAC			Date of Disbursement
	Mailing Address 1101 Vermont Aver	nue NW		10 0 31 2006
	City Washington	State Zip Code DC 20005		Amount of Each Disbursement this Period
	Purpose of Disbursement Transfer to Federal-Affiliated PAC			4600.00
	Candidate Name		Category/ Type	
	Office Sought:  Senate  President  State:  Di	sbursement For: Primary General Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	•	4650.00
TOTAL This Period (last page this line number only)	<u> </u>	4650.00

0	CHEDIII E B /EEC Form 2	<b>v</b>		
	CHEDULE B (FEC Form 3)	' Use seperate schedule(s)	FOR LINE (check only	NUMBER: PAGE 29 / 33
ΙT	EMIZED DISBURSEMENT		21b	
		Detailed Summary Page	_   <del>                                   </del>	X 28a 28b 28c 29 30b
An	y Information copied from such Reports a	nd Statements may not be sold or used		
	for commercial purposes, other than using			
$\setminus$	NAME OF COMMITTEE (In Full)			
17	Kentucky Medical Associaton PAC	(Kentucky Educational Medical P	PAC - KEMPA	AC)
$\mathbb{L}$				
	Full Name (Last, First, Middle Initial)			Transaction ID: D1453
Α.	SA Creative			Date of Disbursement
	Mailian Adduses 40004 El 1	2		10 D 25 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 10801 Electron [	Drive, Suite 102		23 2000
	City	State Zip Code		Amount of Each Disbursement this Period
	Louisville	KY 40299-3880		
	Purpose of Disbursement			8909.50
	Independent Expenditure (Radio Ads) Ke	err		
	Candidate Name		Category/	
			Туре	
	Office Sought: House	Disbursement For:		(KV 12 D): Alvarada (KV 7
	Senate	Primary General		(KY-12-R); Alvarado (KY-7- 3-R); DeWeese (KY-48-R); Koenig (KY-69-R)
	President	Other (specify)		Koénig (KY-69-R)
	State: District:			
	Full Name (Last, First, Middle Initial)			Transaction ID: D1454
В.	Marshall E. White			Date of Disbursement
				10 31 7 2006
	Mailing Address 1304 S. Sixth Str	reet		10 31 2006
	City	State Zip Code		Amount of Each Disbursement this Period
	Louisville	KY 40206-2248		
	Purpose of Disbursement			100.00
	10/06 Political Consultant Fee			
	Candidate Name		Category/	
			Туре	
	Office Sought: House	Disbursement For:		
	Senate	Primary General		
	President	Other (specify)		
	State: District:			

SUBTOTAL of Disbursements This Page (optional)		9009.50
TOTAL This Period (last page this line number only)	<b>•</b>	9009.50

### Image# 26940633269

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S	CHEDULE B (FEC Form 3X)	Use seperate schedule(s)		NUMBER: PAGE 30/33
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check onl	y one)  22
	y Information copied from such Reports and S for commercial purposes, other than using the			
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
	Kentucky Medical Associaton PAC (Ke	ntucky Educational Medical P	AC - KEMPA	AC)
	Full Name (Last, First, Middle Initial)			Transaction ID: D1457
٩.	Mr. C. Chad Wiggins, Treasurer			Date of Disbursement
	Mailing Address 500 Thomas More P	kwy Ste 5		10
	City Crestview Hills	State Zip Code KY 41017-3471		Amount of Each Disbursement this Period
	Purpose of Disbursement PAC Contribution Refund			3050.00
	Candidate Name		Category/ Type	
	Senate President	oursement For:  Primary  General  Other (specify) ▼		
	State: District:			

		2050.00
SUBTOTAL of Disbursements This Page (optional)	<b>&gt;</b>	3050.00
TOTAL This Period (last page this line number only)	•	3050.00

## SCHEDULE B (FEC Form 3X)

SCHEDOLL B (I LCI OIIII 3X)	Use seperate schedule(s)	(check or	E NUMBER: nlv one)		PAGE 31/33			
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 28a	23 24 28b 28	-	26 30b		
Any Information copied from such Reports and Staten								
or for commercial purposes, other than using the name	e and address of any political co	mmillee to s	Olicit Contribi	utions from suci	Committee			
NAME OF COMMITTEE (In Full)  Kentucky Medical Associaton PAC (Kentuc	ky Educational Medical PA	AC - KEMF	AC)					
Full Name (Last, First, Middle Initial)			Transac	tion ID: D143	7			
Adam Koenig Campaign Fund				Disbursement				
Mailing Address 3346 Canterbury Ct.			10	13	žoŏ	6		
City	State Zip Code		Amount	of Each Disbur	sement this	Period		
Erlanger	KY 41018		-		500.	00		
Purpose of Disbursement Non-Federal Adam Koenig (KY-69-R)			-					
Candidate Name		Category/ Type						
	ment For:							
Senate   President	Primary General Other (specify) ▼							
State: District:	Canon (opening)							
Full Name (Last, First, Middle Initial)			Transac	tion ID: D143	 8			
Bruce P. Brockenborough Campaign Fund			Date of	Disbursement				
Mailing Address 100 A Broadway			10	13	y žo ý	6 <sup>Y</sup>		
City Paducah	State Zip Code KY 42001		Amount	of Each Disbur				
Purpose of Disbursement Non-Federal Bruce P. Brockenborough			L.		500.	.00		
Candidate Name		Category/ Type						
Senate	ment For: Primary General		(KY-3-F	R)				
State: President State: District:	Other (specify)							
Full Name (Last, First, Middle Initial) SA Creative				ction ID: D144 Disbursement	7			
Mailing Address 10801 Electron Drive, Su	ite 102		10	17	y žoó	6 <sup>Y</sup>		
City Louisville	State Zip Code KY 40299-3880		Amount	of Each Disbur	sement this	Period		
Purpose of Disbursement Independent Expenditures (Radio Ads)			L.		34660	.00		
Candidate Name		Category/ Type						
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)		Kerr (K' (KY-73- R); Koe	Y-12-R); Alva R); DeWeese nig (KY-69-R	rado e (KY-48- )			
SUBTOTAL of Disbursements This Page (optional)					35660.	00		
, , , , , , , , , , , , , , , , , , ,								
<b>TOTAL</b> This Period (last page this line number only)								

## SCHEDULE B (FEC Form 3X)

S	CHEDULE B (FEC Form 3X)	lise sene	rate schedule(s)	FOR LINE NUMBER: PAGE			GE 32	/ 33		
IT	EMIZED DISBURSEMENTS	for each o	category of the Summary Page		(check onlock) 21b 27	y one) 22 28a	23 28b	24 28c	25 X 29	
	y Information copied from such Reports and Statem for commercial purposes, other than using the name									
$\left.\right\rangle$	NAME OF COMMITTEE (In Full) Kentucky Medical Associaton PAC (Kentuc							om cuom	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Full Name (Last, First, Middle Initial)					Trans	action ID	: D1443		
۹.	David A. Watkins Campaign Fund					Date o	f Disburs	ement		
	Mailing Address 1413 N Elm St Ste 106					10	M / D 1	<sup>D</sup> / N	žοč	6 °
		State KY	Zip Code 42420			Amoui	nt of Each	Disburse		-
	Purpose of Disbursement Returned Check #2712 dated 9/29/2006 for								-250	0.00
	Candidate Name				ategory/ Type					
	Senate President	ment For: Primary Other (spe	General cify) ▼			David 11-D).		ins, MD	(KY-	
	State: District: Full Name (Last, First, Middle Initial)					_		D		
3.	Ed Worley Campaign Fund					Date o	action ID of Disburs	ement		
	Mailing Address PO Box 597					10	M / D 1	3 / N	žοč	6 <sup>Y</sup>
	•	State KY	Zip Code 40475			Amoui	nt of Each	Disburse	ment this	s Period
	Purpose of Disbursement Non-Federal Ed Worley (KY-34-D)			Г		L.			1000	0.00
	Candidate Name				ategory/ Type					
	Office Sought: House Disburse Senate President State: District:	ment For: Primary Other (spe	General cify) ▼							
Э.	Full Name (Last, First, Middle Initial) Howard Cornett Campaign Fund						action ID of Disburs	-		
	Mailing Address 20 Elpaso Drive					10	M / D	3 /	žoč	6
		State KY	Zip Code 41858			Amoui	nt of Each	Disburse	ment this	s Period
	Purpose of Disbursement Non-Federal Howard Cornett (KY-94-R)			Г	•				1000	0.00
	Candidate Name				ategory/ Type					
	Office Sought: House Disburse Senate President State: District:	ment For: Primary Other (spe	General cify) ▼							
S	UBTOTAL of Disbursements This Page (optional) .				▶				1750	0.00
T	OTAL This Period (last page this line number only)				•					

## SCHEDULE B (FEC Form 3X)

SCHEDOLL B (I LCI OIIII 3X)	Use seperate schedule(s) (check		: NUMBER: PAGE 33/33
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check onl	22 23 24 25 26
Any Information copied from such Reports and State	ments may not be sold or used by	v any person t	28a
or for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full)			
Kentucky Medical Associaton PAC (Kent	icky Educational Medical PA	AC - KEMPA	AC)
Full Name (Last, First, Middle Initial)			Transaction ID: D1441
Joe Bowen Campaign Fund			Date of Disbursement
Mailing Address 2031 Fieldcrest Drive			10 M / D 1 D / Y Y Y O O 6 Y
City Owensboro	State Zip Code KY 42301		Amount of Each Disbursement this Period
Purpose of Disbursement	42301		-500.00
Returned Check #2714 dated 9/29/2006 for			
Candidate Name		Category/ Type	
Office Sought: House Disbur	ement For: Primary General		Joe R. Bowen (KY-13-R).
President	Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial)  Mike Czerwonka Campaign Fund			Transaction ID: D1442 Date of Disbursement
Mailing Address 2006 Camargo Road			10 11 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Louisville	State Zip Code KY 40207		Amount of Each Disbursement this Period
Purpose of Disbursement	Г		-500.00
Returned Check #2723 dated 9/29/2006 for Candidate Name		Category/	
		Type	
Office Sought: House Disbur	ement For: Primary General		Mike Czerwonka (KY-43-R).
President	Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial)  Scott Scutchfield Campaign Fund			Transaction ID: D1444 Date of Disbursement
			1 0 1 3 2 0 0 6
Mailing Address 1591 Lexington Rd			
City Danville	State Zip Code KY 40422		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution General Election	I	•	500.00
Candidate Name		Category/ Type	
	ement For:		Campaign-Boyle Co Judge
Senate   President	Primary General Other (specify) ▼		Executive
State: District:			
SUBTOTAL of Disbursements This Page (optional		<b>&gt;</b>	-500.00
TOTAL This Period (last page this line number onl	·)		36910.00
( )	,	•	